## TO THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION:

Employer			
Address			
Locations Covered			
This is to certify that the V	Workers' Compensation policy of the	employer described herein has been:	
Issued	Renewed	Canceled	
Policy Number	Effective	Expires	
Reason for cancellation _			
Compulsory risk	Exempted	Exempted Risk	
Carrier:	Issuing	Issuing office	
Revised 7/15/49 Form A-2	24		
TO THE MI	SSISSIPPI WORKERS' COMPENS	SATION COMMISSION:	
Employer			
Locations Covered			
This is to certify that the V	Workers' Compensation policy of the	employer described herein has been:	
Issued	Renewed	Canceled	
Policy Number	Effective	Expires	
Reason for cancellation _			
Compulsory risk	Exempted Risk		
Carrier:	Issuing	Issuing office	
Revised 7/15/49 Form A-2	24		
TO THE MI	ISSISSIPPI WORKERS' COMPENS	SATION COMMISSION:	
Employer			
Address			
Locations Covered			
Nature of Business			
This is to certify that the V	Vorkers' Compensation policy of the	employer described herein has been:	
		Canceled	
Policy Number	Effective	Expires	
Reason for cancellation _			
Compulsory risk	Exempted I	Exempted Risk	
Carrier:	Issuing	Issuing office	

Revised 7/15/49 Form A-24